2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

DO NOT WRITE IN THIS SPACE

DOCUMENT # A98000002023

1. Entity Name WOODBINE PARTNERS LIMITED PARTNERSHIP

FILED Mar 13, 2008 08:00 AN Secretary of State

Principal Place of Business 273 SANDPIPER DRIVE PALM BEACH, FL 33480

Mailing Address

3017 EXCHANGE COURT SUITE A

WEST PALM BEACH, FL 33409



03082008 No Chg-LP

CR2E003 (12/06)

4. FEI Number 65-0895802

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BENZ, JOHN E

DO NOT WRITE

PALM BEACH, FL 33480		IN THIS SPACE
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title of applicable.		
FILE NOWIII FEE IS \$500.00 After May 1, 2008, Fee will be \$900.00 A GENERAL PARTNER THAT IS A BUSINESS ENTITY MU		000000857912 04/01/08-80023-010-500,00 MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner. 12. GENERAL PARTNER INFORMATION		
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	BENZ, JOHN E 273 SANDPIPER DRIVE PALM BEACH, FL 33480 BENZ, BARBARA M 273 SANDPIPER DRIVE PALM BEACH, FL 33480	DO NOT WRITE
DOCUMENT / NAME STREET ADDRESS CITY - ST - ZIP		IN THIS SPACE
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

STAPLE CHECK HERE

NAME STREET ADDRESS CITY-ST-ZIP